

Approved Program Confirmation Form

Emergency Permit Applicants

A **first-time** Emergency Permit applicant must complete this form and have it signed by a Licensing Advisor at a college/university that offers an approved program in the content area and school setting listed on the emergency permit. If the applicant is requesting a Praxis II emergency permit, s/he must still have the signature of the licensing advisor to verify that all other programmatic requirements have been met. **This form does not need to be submitted with an application for renewal of the emergency permit.** For renewals, the Licensing Advisor should continue to sign Section E of the Emergency Permit application.

Applicant's Name _____

Applicant's Address _____

College/University _____
(where applicant received B.S./M.S. degree)

Applicant's SSN _____ Telephone Number _____

Applicant's E-mail Address _____

School District _____

School Corporation Number _____

School Address _____

Requested Permit Type

_____Instructional (Teaching) _____Administration and Supervision _____School Counseling

Note: *As with the license, all emergency permits must specify at least one content area and one school setting. Please make sure to check at least one content area and one school setting.*

Requested School Setting(s) (please check all that apply)

_____Preschool _____Elementary: Primary _____Elementary: Intermediate
_____Middle School/Junior High _____High School _____All Schools

Note: School districts may apply for a person who has already met the content standard, but is missing the developmental standard needed for the current teaching assignment. For example, if an applicant holds a Rule 46-47 standard license with 9-12 Physical Education, and is placed in an assignment that requires teaching Physical Education at the middle school, then the school could make application for an emergency permit for the Middle School/Junior High school setting. In this scenario, the applicant would most likely have already met the content standards for teachers of physical education, but would need to meet the standards for early adolescence. In this scenario, the content area listed on the license would be "physical education" and the school setting listed on the emergency permit would be "middle school/junior high."

Requested Instructional Content Area(s) (please check all that apply)

<input type="checkbox"/> Adaptive Physical Education	<input type="checkbox"/> Business
<input type="checkbox"/> Career and Technical Education (please specify licensing area—See NOTE I below)	
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<input type="checkbox"/> Computer Education	
<input type="checkbox"/> Driver and Traffic Safety Education	<input type="checkbox"/> English as a New Language
<input type="checkbox"/> ENL: Bilingual/Bicultural	<input type="checkbox"/> Exceptional Needs: Intense Intervention
<input type="checkbox"/> Exceptional Needs: Mild Intervention (see NOTE II below)	
<input type="checkbox"/> Exceptional Needs: Visual Impaired	
<input type="checkbox"/> Exceptional Needs: Hearing Impaired	<input type="checkbox"/> Fine Arts: Visual Arts
<input type="checkbox"/> Fine Arts: Vocal & General Music	<input type="checkbox"/> Fine Arts: Instrumental & General Music
<input type="checkbox"/> Fine Arts: Theater Arts	<input type="checkbox"/> Fine Arts: Dance
<input type="checkbox"/> Preschool Generalist	<input type="checkbox"/> Elementary: Primary Generalist
<input type="checkbox"/> Elementary: Intermediate Generalist	<input type="checkbox"/> Gifted and Talented Education
<input type="checkbox"/> Health	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Journalism	<input type="checkbox"/> Language Arts
<input type="checkbox"/> Library/Media	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Reading	<input type="checkbox"/> Reading Specialist
<input type="checkbox"/> Science: Chemistry	<input type="checkbox"/> Science: Life Science
<input type="checkbox"/> Science: Physical Science	<input type="checkbox"/> Science: Physics
<input type="checkbox"/> Science: Earth Space Science	<input type="checkbox"/> Social Studies: Historical Perspectives
<input type="checkbox"/> Social Studies: Geographical Perspectives	<input type="checkbox"/> Social Studies: Psychology
<input type="checkbox"/> Social Studies: Sociology	<input type="checkbox"/> Social Studies: Government and Citizenship
<input type="checkbox"/> Social Studies: Economics	<input type="checkbox"/> Technology Education
	<input type="checkbox"/> World Language (specify languages)_____

NOTE I: Applicants for the Career and Technical Education emergency permit already must have met all requirements for occupational experience.

NOTE II: Applicants who are teaching **Emotionally Disturbed/Emotionally Handicapped** will be issued an emergency permit in **Mild Intervention**.

Requested Administration and Supervision Content Area

<input type="checkbox"/> Assistant Principal	<input type="checkbox"/> Building Level Administrator
<input type="checkbox"/> Director of Curriculum and Instruction	<input type="checkbox"/> Director of Exceptional Needs
<input type="checkbox"/> Director of Career and Technical Education	<input type="checkbox"/> Assistant Superintendent

There is no emergency permit for superintendent

Requested School Services Content Area

☐ School Counselor

There are no emergency permits for school psychologist, school social worker, or school nurse.

I certify that the applicant has met with our office and has a plan for completing an approved program in the content area(s) and/or school setting(s) listed on the emergency permit. While these signatures do not indicate that the applicant has a plan that will allow him/her to complete all requirements within three years, the applicant is aware that the emergency permit will not be renewed after the third year. In addition, these signatures do not indicate that the applicant has been accepted for enrollment at our institution; however, the applicant's signature indicates intent to complete the program at this institution upon acceptance.

_____ Signature of Licensing Advisor	_____ University/College	_____ Date
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_____ Signature of Applicant	_____ Date
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